

SENATE BILL 514

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CF HB 450

By: **Senators Middleton and Kasemeyer**
Introduced and read first time: February 4, 2011
Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Maryland Community Health Resources Commission – Health Care Reform –**
3 **Safety Net Providers**

4 FOR the purpose of authorizing the Maryland Community Health Resources
5 Commission to provide certain assistance to safety net providers in preparing to
6 implement certain health care reform; authorizing the Commission to examine
7 certain issues and potential challenges for safety net providers in preparing to
8 implement certain health care reform; requiring the Commission to develop a
9 certain business plan for the provision by the State of certain assistance to
10 safety net providers; requiring the Commission to make certain
11 recommendations to the Governor and certain committees of the General
12 Assembly on or before a certain date; altering a certain definition; defining
13 certain terms; and generally relating to the Maryland Community Health
14 Resources Commission and the implementation of health care reform by safety
15 net providers.

16 BY repealing and reenacting, with amendments,
17 Article – Health – General
18 Section 19–2101 and 19–2107(a)
19 Annotated Code of Maryland
20 (2009 Replacement Volume and 2010 Supplement)

21 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
22 MARYLAND, That the Laws of Maryland read as follows:

23 **Article – Health – General**

24 19–2101.

25 (a) In this subtitle the following words have the meanings indicated.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 **(B) “AFFORDABLE CARE ACT” MEANS THE FEDERAL PATIENT**
2 **PROTECTION AND AFFORDABLE CARE ACT, AS AMENDED BY THE FEDERAL**
3 **HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010, AND ANY**
4 **REGULATIONS ADOPTED OR GUIDANCE ISSUED UNDER THE ACTS.**

5 **[(b)] (C)** “Commission” means the Maryland Community Health Resources
6 Commission.

7 **[(c)] (D)** (1) “Community health resource” means a nonprofit or for profit
8 health care center or program that offers the primary health care services required by
9 the Commission under § 19–2109(a)(2) of this subtitle to an individual on a sliding
10 scale fee schedule and without regard to an individual’s ability to pay.

11 (2) “Community health resource” includes:

12 (i) A federally qualified health center;

13 (ii) A federally qualified health center “look–alike”;

14 (iii) A community health center;

15 (iv) A migrant health center;

16 (v) A health care program for the homeless;

17 (vi) A primary care program for a public housing project;

18 (vii) A local nonprofit and community–owned health care
19 program;

20 (viii) A school–based health center;

21 (ix) A teaching clinic;

22 (x) A wellmobile;

23 (xi) A health center controlled operating network;

24 (xii) A historic Maryland primary care provider;

25 (xiii) An outpatient [mental health clinic] **BEHAVIORAL HEALTH**
26 **PROGRAM**; and

27 (xiv) Any other center or program identified by the Commission
28 as a community health resource.

1 **(E) “SAFETY NET PROVIDER” MEANS A PROVIDER THAT DELIVERS A**
2 **SIGNIFICANT LEVEL OF HEALTH CARE TO THE UNINSURED, ENROLLEES IN THE**
3 **MEDICAL ASSISTANCE PROGRAM, OR OTHER VULNERABLE PATIENTS.**

4 19–2107.

5 (a) In addition to the powers set forth elsewhere in this subtitle, the
6 Commission may:

7 (1) Adopt regulations to carry out the provisions of this subtitle;

8 (2) Create committees from among its members;

9 (3) Appoint advisory committees, which may include individuals and
10 representatives of interested public or private organizations;

11 (4) Apply for and accept any funds, property, or services from any
12 person or government agency;

13 (5) Make agreements with a grantor or payor of funds, property, or
14 services, including an agreement to make any study, plan, demonstration, or project;

15 (6) Publish and give out any information that relates to expanding
16 access to health care through community health resources that is considered desirable
17 in the public interest; [and]

18 (7) Subject to the limitations of this subtitle, exercise any other power
19 that is reasonably necessary to carry out the purposes of this subtitle; **AND**

20 **(8) ASSIST SAFETY NET PROVIDERS IN PREPARING TO**
21 **IMPLEMENT THE AFFORDABLE CARE ACT.**

22 SECTION 2. AND BE IT FURTHER ENACTED, That:

23 (a) In this section, “Affordable Care Act” and “safety net provider” have the
24 meanings stated in § 19–2101 of the Health – General Article, as enacted by Section 1
25 of this Act.

26 (b) The Maryland Community Health Resources Commission shall:

27 (1) examine issues and potential challenges for safety net providers in
28 preparing to implement health care reform associated with the Affordable Care Act,
29 including:

30 (i) the administrative infrastructure and information
31 technology capacity of safety net providers and any barriers to safety net providers
32 achieving meaningful use of the information technology;

1 (ii) whether common administrative and information technology
2 systems and technical assistance would help safety net providers in contracting with
3 managed care organizations and commercial insurers;

4 (iii) opportunities for safety net providers to partner to achieve
5 efficient administrative economies of scale;

6 (iv) methods to assist safety net providers to obtain
7 reimbursement from third-party payors;

8 (v) assistance in positioning safety net providers to obtain
9 resources available under health care reform; and

10 (vi) barriers that may impede safety net providers from
11 sustaining their service delivery; and

12 (2) develop a business plan for the State to provide ongoing assistance
13 to safety net providers to assist the providers in:

14 (i) obtaining reimbursement from third-party payors; and

15 (ii) sustaining their service delivery.

16 (c) On or before January 1, 2012, the Maryland Community Health
17 Resources Commission shall make recommendations for a plan to assist safety net
18 providers in implementing health care reform associated with the Affordable Care Act
19 to the Governor and, in accordance with § 2-1246 of the State Government Article, the
20 Senate Finance Committee and the House Health and Government Operations
21 Committee.

22 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
23 July 1, 2011.